



DISCRIMINATION RESOLUTION OR ACCESS REQUEST

COMPLAINT

This information required by authority of the ADA, Section 504 of the 1973 Rehabilitation Act (29 USCA 794, as amended), and MI Act 220 P.A. 1976 as amended to report a complaint.

Note: This complaint form is available in alternate formats upon request.

Please print or type all information and attach additional pages, if needed.

COMPLAINANT INFORMATION
Last Name First Name Date
Mailing Address Home Telephone Number
City State Zip Code Day Telephone Number

COMPLAINT TYPE: [] DISCRIMINATION [] HARASSMENT [] ACCESSIBILITY
I am claiming the following type (s) of discrimination or harassment:
[] Race [] Color [] Age [] Gender
[] National Origin [] Disability [] Height [] Weight
[] Marital Status [] Sexual Harassment [] Pregnancy [] Religion

COMPLAINT FILED AGAINST
Table with 4 columns: Person(s) Name(s), Program/Service, Facility, Work Location

COMPLAINT SPECIFICS (Explain why you feel this constitutes discrimination, harassment or an accessibility issue?)
[]
[]
[]

Describe each incident in chronological order:
1. Date: _____ Time: _____ [] a.m. [] p.m. Place: _____
Details of Incident: _____

COMPLAINT (Continued) - Describe each incident in chronological order:

2. Date: _____ Time: _____ a.m. p.m. Place: _____

Details of Incident: _____

Name(s) of Witness(es) and Individual(s) (who have knowledge of the incidents)	Telephone Number(s)
1.	
2.	
3.	
4.	

List any documents, records or papers that relate to your complaint and attach a copy to this complaint.

1. _____ 3. _____

2. _____ 4. _____

If this is a discrimination or harassment complaint, what action(s) did you take to stop the behavior?

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Did you discuss the incident with a DNR staff member? Yes No Date: _____

If Yes, list name of DNR staff member: _____

Please describe what action they took. _____

Do you have a proposed remedy? If so, please describe.

I certify that all information included in this complaint is accurate and I have retained a copy for my records.

Complainant Signature *Date*

Please submit this complaint along with any supporting documents to:

**EMPLOYMENT OPPORTUNITY & COMPLIANCE OFFICER
OFFICE OF HUMAN RESOURCES
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30028
LANSING MI 48909-7528**

Telephone: (517) 335-1582
FAX: (517) 241-4695
TTY 711